



ABE/ELL Registration Form

(1) Student Information (Please print)

1) Student ID Number		2) Last Name		First Name	Middle Name	3) Prior or Maiden Name	
4) Mailing Address – Street Address				City	State	Zip Code	
7) Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		8) Phone 2 - Optional <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		9) Social Security Number		10) Date of Birth (month/day/year) ____/____/____	
11) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		If you are under 21 or attending Gateway Technical College under a Youth Options contract, a 118.15 contract or an HSED contract, the High School information in boxes 13 and 14 is required .				12) Are you 21 years old or under? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13) Name of high school attending or last attended _____ City _____ State _____				14) Did you graduate from this high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter graduation month and year Month/Year _____ If no, check highest grade completed as of today <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11			
15) Check Highest Credential Earned <input type="checkbox"/> 01 No credential <input type="checkbox"/> 01 Currently in high school <input type="checkbox"/> 02 GED® Month/year completed _____ <input type="checkbox"/> 03 HSED Month/year completed _____ <input type="checkbox"/> 04 High School Diploma <input type="checkbox"/> 05 Some College <input type="checkbox"/> 06 Short-Term Diploma (less than one year)				<input type="checkbox"/> 07 1 Year Diploma <input type="checkbox"/> 08 2 Year Diploma (including Apprenticeship) <input type="checkbox"/> 09 Associate Degree <input type="checkbox"/> 10 Associate Degree plus additional credits <input type="checkbox"/> 11 Baccalaureate <input type="checkbox"/> 12 More than Baccalaureate		16) Are you Hispanic or Latino – that is, Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origins, regardless of race? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17) Select one or more from the following which best describes your race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White						18) Do you intend to transfer to another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19) Personal email address _____						20) Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21) What is your current work status? <input type="checkbox"/> Employed Full Time (01) <input type="checkbox"/> Employed Part Time (02) <input type="checkbox"/> Underemployed (03) <input type="checkbox"/> Unemployed – Seeking Work (04) <input type="checkbox"/> Not in Labor Market (05) <input type="checkbox"/> Dislocated Worker (06)				22) I allow text message (SMS) and auto call communications from the college. These messages may relay important registration, class schedule, account, academic advising, financial aid, and campus closure information. <input type="checkbox"/> Yes <input type="checkbox"/> No			

(2) Class Selection

Class # (10 or 11 digits) E.g 861-730-3B1A	Class Title	Day(s) & Time	Credits

(3) Student Certification Statement

I hereby certify that, to the best of my knowledge, the information furnished above is true and complete without intent of evasion or misrepresentation.

Student Signature: _____ Date: _____